2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003379

1. Entity Name
BENDER-NPR, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 14 PM 2:24

Principal Place of Business	Mailing Address
9 SMITHFIELD LANE FLORHAM NJ 07932	9 SMITHFIELD LANE FLORHAM NJ 07932-2140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
237 Lookout Place		237 Lookout Place	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Maitland, FL		City & State: Maitland, FL	
Zip: 32751	Country: US	Zip: 32751	Country: US

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A
237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDER, JULIUS 9 SMITHFIELD LANE FLORHAM NJ 07932 [X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICARDI, JEFFREY A. 237 Lookout Place, Suite 100 Maitland, FL 32751 [X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDER, REBECCA 9 SMITHFIELD LANE FLORHAM NJ 07932 [X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 900003299099--7 -06/21/00--01067--001 *****50.00 *****50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGR 4/25/00 (407) 647-1859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #